

# **Indiana Department of Homeland Security**

## **Application for “in the process” Level III Trauma Center status**

Hospitals that wish to apply for status as an “in the process” Level III Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.
2. **A Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.
4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital’s trauma registry and works directly with the hospital’s trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital’s Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon response times**. Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital’s application. There must be evidence that a trauma surgeon is a member of the hospital’s disaster committee.
7. **In-house Emergency Department physician coverage**. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.
8. **Orthopedic Surgery**. There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.
9. **Neurosurgery**. The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility’s Trauma Medical Director. There must be a transfer agreement in place with Level I or

Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.

10. **Transfer agreements and criteria**. The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
11. **Trauma Operating room, staff and equipment**. There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services 24 hours per day. The application must also include a list of essential equipment available to the OR and its staff.
12. **Critical Care physician coverage**. Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage 24 hours a day.
13. **CT scan and conventional radiography**. There must be 24-hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.
14. **Intensive care unit**. There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources to resuscitate and monitor injured patients.
15. **Blood bank**. A blood bank must be available 24 hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.
16. **Laboratory services**. There must be laboratory services available 24 hours per day.
17. **Post-anesthesia care unit**. The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 24 hours per day. Documentation for this requirement must include a list of available equipment in the PACU.
18. **Relationship with an organ procurement organization (OPO)**. There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
19. **Diversion policy**. The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
20. **Operational process performance improvement committee**. There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
21. **Nurse credentialing requirements**. Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.

22. **Commitment by the governing body and medical staff.** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status.. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

**Additional Information Necessary**

Hospital Name and Mailing Address (no PO Box):

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Previously known as (if applicable):

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Level of "In the Process" status applied for:

Level Three Adult \_\_\_\_\_

Level One Pediatric \_\_\_\_\_

Level Two Pediatric \_\_\_\_\_

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued)

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Trauma Medical Director:

NAME: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_

Trauma Program Manager/Coordinator:

NAME: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_

**ATTESTATION:** In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

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Chief Executive Officer Signature	Printed	Date
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Trauma Medical Director Signature	Printed	Date
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Trauma Program Manager Signature	Printed	Date
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